som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Workers’ Compensation**  **Overpayment** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) has received the calculation for your Workers’ Compensation first check adjustment. It has been determined that you have been overpaid in the amount of $0.00.

This overpayment must be repaid by [confirm date with DTMB Payroll]. Please contact the DMO at 877.443-6362 (Option 2) no later than [confirm date with DTMB Payroll] to make payment arrangements in one of the following ways:

* Payroll deduction
  + A payment schedule may be able to be arranged to pay this amount over more than one pay period.
* Personal check or money order payable to the State of Michigan.
  + Mail to: State of Michigan

Disability Management Office

P.O. Box 30002, Lansing, MI 48909

Failure to contact the DMO to make payment arrangements may result in a one-time payroll deduction.

If leave credits were used, any adjustments to leave credits will be reflected through your Self-Service account and on your earnings statement.

If you have any questions, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor